

## California and Western Medicine

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practice, not only in this State, but throughout the Union. It was in response to that feeling that the Council recommended to the House of Delegates, several years ago, the changes in the by-laws, making possible a standing Committee on Public Relations. Along the same line the Council voted in the year 1930 to instruct the California representatives to submit to the House of Delegates of the American Medical Association some resolutions asking that body to authorize the appointment of an American Medical Association Bureau of Medical Economics.\* Both departments were thus brought into being, and each, in its own field, has done excellent work. Neither has satisfactorily solved, nor was it expected that they could so solve, many of the problems studied. For the matter of that, the national Committee on the Costs of Medical Care likewise failed, in its studies, to offer solutions acceptable to the profession and other interested parties. One of the difficulties seems to have revolved around the fact that physicians constitute a professional, instead of a trade or industrial guild, with the additional peculiarity of service rendered by an individual physician to an individual patient; so that attempts to mechanize and standardize such service into mass efforts at once met obstacles by no means easy to overcome and, in some instances, impossible to eliminate without destruction of basic elements in healing-art practice. It is only natural, therefore, that physicians should be reluctant to accept new plans of procedure in practice when such changes in methods give indications of dangers or defects, as great or greater than those existing in the system inherited from forebears of the last hundred years, or more.

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**Commendable Unanimity.**—Because of perspectives such as those indicated above, it is understandable why, at Riverside, at least two methods of approach were advocated and fought for. And by the same token how it was possible that when one of the plans failed to receive the necessary two-thirds vote, the members of the House of Delegates, as the supreme governing body of the Association, should have unanimously concurred in the adoption of the other plan. It was a tribute to the broad vision of the members of the House of Delegates that, being in doubt about the scope and efficacy of what might be termed an "Alameda Plan on a Large Scale," they should have then given, without dissenting vote, full support to an alternative plan to make as thorough a study as possible of sociologic, economic and other conditions in California having a relation to sickness and its costs, and the place and functions of physicians therein, with special regard to new elements which may have arisen in our changing civilization.

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**Coöperation of all California Medical Association Members Desired.**—It is not the purpose in these lines to discuss whether the action taken was the wisest possible. It is enough for us, as members of the California Medical Association,

\* See CALIFORNIA AND WESTERN MEDICINE, Vol. XXXII, June, 1930, page 450.

## EDITORIALS

### THE 1934 ANNUAL SESSION

**Action on Two Major Plans Presented.\***—This year's annual session of the California Medical Association—its sixty-third, by the way—has joined its historic predecessors. However, some of the work initiated at Riverside may still take years for completion, more particularly that which will come into being as part of the sickness survey authorized by the House of Delegates; by means of which it is hoped to accumulate and coördinate data on illness and the costs of sickness, with special reference to the needs of low bracket income groups among California citizens. A perusal of the minutes of the House of Delegates and the Council (as printed on pages 431 and 449 in this issue of CALIFORNIA AND WESTERN MEDICINE) will permit interested readers who were not in attendance at the annual session to better understand the various plans proposed, and the final action taken at Riverside.

Members of the California Medical Association are aware of the fact that for some time past its officers have been alert to the important changes which were threatening medical economics and

\* The two plans here referred to are printed in the Minutes of the House of Delegates, under Monday meeting, as Item XVII (Resolutions 1 and 2, and 4 and 8) and under Wednesday meeting, as Item IX (Resolutions 4 and 8).